

LawyerCare

LAWYERS PROFESSIONAL LIABILITY INSURANCE PLAINTIFF SUPPLEMENT

LawyerCare • 111 N. Higgins, Ste. 600 • P.O. Box 9169 • Missoula, MT 59807-9169 • 855.214.1295

Please complete this supplement if any lawyer listed on the application shows a percentage in the Plaintiff areas of practice.

Name of Applicant Firm: _____

1. Provide the following for the firm's Plaintiff practice during the past twenty four months.

Type of Case	Percentage of Billings	Average Number of Cases Per Year	Percentage of Cases Settled Before Trial	Average Award or Settlement	Largest Award or Settlement
Admiralty					
Automobile					
Class Action/Mass Tort					
Commercial Litigation					
Employment related					
Legal Malpractice					
Medical Malpractice					
Product Liability					
Product Liability (Medical Devices)					
Slip and Fall					
Workers Compensation					
Other (Specify):					

2. Does the applicant accept referrals for any of the above? Yes No
If yes, average number of referrals received per year _____

3. Does the applicant refer any plaintiff matters to other law firms? Yes No
If yes, average number of referrals per year _____

4. Please indicate the three (3) largest settlements/awards obtained within the past twenty four (24) months and the type of case involved:
 \$ _____ Type of Case _____
 \$ _____ Type of Case _____
 \$ _____ Type of Case _____

5. Average number of plaintiff cases handled per lawyer in the past twelve (12) months..... _____

6. Average number of years of experience for lawyers practicing plaintiff litigation..... _____

7. Does the applicant advertise on radio or TV? **If yes, please attach transcript of ad** Yes No

8. Does any lawyer meet with prospective clients prior to agreeing to representation?..... Yes No

9. Are non-engagement letters, including notice of the applicable statutes of limitations, issued for all matters when representation is declined? Yes No

10. What is the applicant's average time frame for filing suit prior to the expiration of the statute of limitations?

At least one year prior: Six months to one year prior: Three to six months prior:
One to three months prior: Less than one month prior: Other: _____

11. Are settlement offers provided to the client(s) in writing?.....Yes No

12. Are rejected settlement offers approved by the client(s) in writing?.....Yes No

13. Has the applicant been involved in any class action representation in the past six (6) years?Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Name of Applicant Firm: _____

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____